

# 2700 INTERNAL TRANSFER REQUEST FOR S.N.

ST. HEN S. HONG  
PRIMARY EXAMINER

12176

DATE: \_\_\_\_\_

FROM: \_\_\_\_\_

FORWARD TO:

A. Art Unit: \_\_\_\_\_

B. Class: \_\_\_\_\_

C Subclass: \_\_\_\_\_

2166

705

3

REASON(S):

A. You had Parent

B. See Title

C. See Abstract

D. See Claim(s): \_\_\_\_\_

<input type="checkbox"/>	(check box)
<input type="checkbox"/>	(check box)
<input type="checkbox"/>	(check box)

FURTHER EXPLANATION IF NEEDED:

Patient record management for <sup>Clinical</sup> trial. I can't think of any place  
but 70513. Yours? if not pls forward to the correct area. Thanks

DATE: \_\_\_\_\_

FROM: \_\_\_\_\_ (print name)

FORWARD TO:

A. Art Unit: \_\_\_\_\_

B. Class: \_\_\_\_\_

C Subclass: \_\_\_\_\_

REASON(S):

A. You had Parent

B. See Title

C. See Abstract

D. See Claim(s): \_\_\_\_\_

<input type="checkbox"/>	(check box)
<input type="checkbox"/>	(check box)
<input type="checkbox"/>	(check box)

FURTHER EXPLANATION IF NEEDED:

DATE: \_\_\_\_\_

FROM: \_\_\_\_\_ (print name)

FORWARD TO CLASSIFIER

REASON(S):

A. You had Parent

B. See Title

C. See Abstract

D. See Claim(s): \_\_\_\_\_

<input type="checkbox"/>	(check box)
<input type="checkbox"/>	(check box)
<input type="checkbox"/>	(check box)

FURTHER EXPLANATION IF NEEDED:

## DISPOSITION BY 2700 CLASSIFICATION

DATE: \_\_\_\_\_

CLASSIFIER: \_\_\_\_\_

FORWARD TO:

A. Art Unit: \_\_\_\_\_

B. Class: \_\_\_\_\_

C Subclass: \_\_\_\_\_

REASON(S):

A. You had Parent

B. See Title

C. See Abstract

D. See Claim(s): \_\_\_\_\_

<input type="checkbox"/>	(check box)
<input type="checkbox"/>	(check box)
<input type="checkbox"/>	(check box)

FURTHER EXPLANATION IF NEEDED: